Racquel Goddard		404	888-6494	
CT Corporation syst	em			
1201 Peachtree Stre	et, NE			
Atlanta		GA 30361		
City/St	174-10:JNS ate/Zip	Phone #		
				Office Use Only
CORPORATION OF THE POPULATION	ON NAME(S) Corporation Name	OC	IENT NUMBEI	R(S), (if known):
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J(Corporation Nam	ne)	(Docume	ent #)
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NEW FILINGS		MENDMEN	TS	
Profit	Ar	nendment		
NonProfit	Re	signation of R.A	., Officer/ Director	JAL 97
Limited Liability	L CI	nange of Registe	red Agent	7 JUI
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OTHER FILING	S S	REGISTRA QUALIFIC	ATION/	30 NE NDA
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Examiner's Initials

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the indersigned corporation organized under the laws of the State ofFlorida
ubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation is: Marianna Chapel Funeral Home, Inc.
2. The mailing address of the corporation is: 3665 Wheeler Road, Suite 2A, Augusta, Georgia 30909
3. Date of incorporation/qualification: 5/27/94 Document number: P94000041345 3. The name and address of the current registered agent and office:
Roy Anderson
3393 Caverns Road
Marianna, FL 32446
Marianna, FL 32446 Marianna, FL 32446 CT Corporation System State 1
CT Corporation System 97
1200 South Pine Island Road
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. MARIANNA CHAPEL FUNERAL HOME, INC.
Signature of an officer, chairman or vice chairman of the board) (Date)
Phillip R. McElhaney, President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Again VIVIPER F AULTMAN ASSISTANT SECRETARY If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(1/95)

FILING FEE: \$35.00